CITY OF BAINBRIDGE ISLAND SIGN VARIANCE APPLICATION

Form must be completed in ink, preferably blue. Pencil will not be accepted.



DATE STAMP FOR CITY USE ONLY	TO BE FILLED OUT BY APPLICANT				
TOR OHT OUD OND	PROJECT NAME:				
	TAX ASSESSOR NUMBER(S):				
	VALUATION OF SIGNS:				
	PROJECT STREET ADDRESS OR ACCESS STREET:				
	FOR CITY USE ONLY FILE NUMBER:				
	PROJECT NUMBER:				
	DATE RECEIVED:				
	APPLICATION FEE:	TREASURER'S RECEIPT NUMBER:			
SUBI	MITTAL R EQUIREME	ENTS			
APPLICATION	One original (which must contain an original signature) and one copy must be provided. Whenever possible, originals must be signed in blue. Please identify the original document. One original (which must contain an original signature), where applicable, and one copy (if an original is not applicable, two copies) must be provided). Please call the Department of Planning & Community Development for submittal fee information.				
SUPPORTING DOCUMENTS					
FEES					
DRAWINGS	Two copies of the required drawings must be provided.				
SUBMITTING APPLICATIONS	Should an agent submit the application, a <i>notarized Owner/Applicant Agreement</i> must accompany the application.				
APPLICATIONS WILL NOT BE ACCEPTED unless these basic requirements are met and the submittal packet is deemed counter complete.					

Department of Planning and Community Development 280 madison Avenue North • Bainbridge Island, WA • 98110-1812 Phone: (206) 842-2552 • Fax: (206) 780-0955 • Email: pcd@bainbridgewa.gov

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1.	Name of	property owner:
	ddress:	
	hone:	Fax:
		E-mail:
		cord as shown by the county assessor's office is (are) not the agent,the owner's (owners') signed and notarized at accompany this application.
2.		explain how the physical characteristics of the subject property render compliance with pter an unnecessary hardship:
-		
3.		lescribe the sign type, area and location and how these characteristics differ from what is ed in BIMC 15.08:

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On additional sheet please show:

- Lighting in accordance with BIMC 18.15.040
- Area of landscaping (2x area of freestanding sign)
- Height of sign

I hereby certify that I have read this application and know the same to	be true and correct.
Signature of owner or authorized agent*	Date
Printed Name	-

*If signatory is not the owner of record, the attached "Owner/ Applicant Agreement" must be signed and notarized.

Owner/Agent Agreement

The undersigned is (are) the owner	r(s) of recor	rd of the property identified by t	the Kitsap County			
Assessor's account number			,			
located at		_				
Bainbridge Island, Washington. T						
to act on his/her (their) behalf as h	is/her (thei	r) agent to proceed with an appl	ication for (please			
neck all items that apply): preapplication conference planning permits construction permits (i.e. building, water/sewer availability, right-of-way, etc)						
on the property referenced herein.	This agree	ement authorizes the agent to act	t on the owner's behalf			
for the above checked application	s through (c	date or specific phase)	.			
OWNER OF RECORD	DATE	OWNER OF RECORD	DATE			
STATE OF WASHINGTON)) SS.						
COUNTY OF KITSAP)						
On this day of State of Washington, duly commissioned o	, 20,	before me, the undersigned, a Notary	Public in and for the			
me that he/she/they signed and sealed	the said instru	who executed the foregoing instrument, ument, as his/her/their free and voluntar tated that he/she/they was (were) author	ry act and deed for the			
WITNESS MY HAND AND OFFICIAL SEAR	د, hereto affixe	ed the day and year in this certificate ab	oove written.			
	<u> </u>	Notary Public in and for the State of W	Vashington			
	F	Residing at				
	N	My appointment expires:				